

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bryon E Roshong**

Mailing Address 50 Thompson St

City

Dumont

State

NJ

Zip Code

07628-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : 10805760**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William Lee Beasley**

Mailing Address 5308 Wisteria Dr

City

Oklahoma City

State

OK

Zip Code

73142-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : 10805771**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Curtis R Johnson**

Mailing Address 140 Juniper St

City

Scotland

State

SD

Zip Code

57059-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : 10805775**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00